HOPWA

Reporting Requirements for Programs Funded by the U.S. Department of Housing and Urban Development

The data provided in the required reports are used to satisfy state and federal reporting requirements as well as for management analysis, planning, and resource allocation. It is imperative that data is accurate and provided within the specified timeframes.

2015-2016

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA)

REPORTING REQUIREMENTS 2015-2016

HOPWA project sponsors are required to submit the following reports. These reports are used for federal and state reporting and program planning. It is extremely important that these reports be accurate and submitted on time.

1. ***HOPWA Monthly Expenditure and Reimbursement Report (AIMS submission)***

   Project sponsors are required to submit a ***Monthly Expenditure and Reimbursement Report*** through the AIDS Information Management System 2.0 (AIMS 2.0)*.* The expenditure report captures the number of clients served, the number of units of service provided, and the amount of expenditure by service categories during the month being reported. In order to maintain common reporting data elements across programs, the Department of Health (DOH) may update the report format. The reports must be submitted in AIMS on or before the 20th of the month following the month being reported. Further, the AIMS format is the only format that may be submitted as an invoice to contract managers for approval and to the DOH Disbursements Section for payment.

2. ***HOPWA Monthly Demographic Report (AIMS submission)***

   Project sponsors are required to submit the HOPWA Monthly Demographic Report, which captures demographic information for clients served with HOPWA funds for first time this year (or FTTY). The client should only be counted once per fiscal year. Enter the total unduplicated clients served in the month being reported by gender and HIV status. For example, once you report a client in April, he or she will not be counted again until the new fiscal year, which begins the following April. In order to maintain common reporting data elements across programs, the department may update the report format. The report must be submitted through AIMS on or before the 20th of the month following the month being reported.

3. ***HOPWA Client Satisfaction Survey Summary Report***

   Project sponsors must implement a client satisfaction survey and submit a written summary of the survey results to their DOH contract manager no later than February 20 of each calendar year. The survey instrument and summary format can be developed at the local level; however, review *Exhibit A* within this document as a template that you may modify to meet your needs. It is advisable that contract managers maintain a final copy on file for monitoring by state and/or federal agencies.

HOPWA CLIENT SATISFACTION SURVEY

Agency Name: _____   **Date:** _____

1. **How long have you been a client of this agency?**
☐ Less than 1 year   ☐ 1 to 2 years   ☐ 3 to 5 years   ☐ More than 5 years

2. **What type of HOPWA assistance have you received in the past 12 months?** (Check all that apply)
☐ Rent   ☐ Mortgage   ☐ Utility   ☐ Security deposit   ☐ Transitional Housing

3. **For each month of assistance used, what event or circumstance led to the need for HOPWA assistance?** (Check all that apply).
☐ Lost wages due to being too ill to work   ☐ Unexpected medical expenses
☐ Moved to stable, affordable housing   ☐ Income too low to afford housing
☐ Waiting on disability determination   ☐ Left unsafe living situation
☐ Other: _____

4. **Number of days you were homeless during the past 12 months?** _____

5. **Number of residences you were living in during the past 12 months?** _____

6. **How would you describe your overall health today?** ☐ Excellent ☐ Good ☐ Fair ☐ Poor

7. **What is your current living situation?**
☐ Own home   ☐ Live with family/friend without rent
☐ Rent alone   ☐ Live with and rent from family/friend
☐ Rent with family/partner   ☐ Rent with roommate (not family/partner)
☐ Other: _____

8. **Have you and your case manager developed a housing plan that will result in a stable housing situation independent of future HOPWA assistance?**
☐ Yes   ☐ No   ☐ Not Sure

9. **Have you and your case manager discussed emergency preparedness?**
☐ Yes   ☐ No   ☐ Not Sure

10. **Are you able to contact your case manager quick enough to meet your needs?**
☐ All the time   ☐ Most times   ☐ Sometimes   ☐ Rarely   ☐ Never   ☐ Does not apply

11. **Is your case manager responsible and professional?**
☐ All the time   ☐ Most times   ☐ Sometimes   ☐ Rarely   ☐ Never   ☐ Does not apply

12. **Overall, are you satisfied with the HOPWA services you have received in the past 6 months?**
☐ All the time   ☐ Most times   ☐ Sometimes   ☐ Rarely   ☐ Never   ☐ Does not apply

13. **Has the HOPWA program met your housing assistance needs?**
☐ All the time   ☐ Most times   ☐ Sometimes   ☐ Rarely   ☐ Never   ☐ Does not apply

About You

14. **Your gender is**   ☐ Male   ☐ Female   ☐ Transgender
15. **Your race/ethnicity is**   ☐ White   ☐ Black   ☐ Asian   ☐ Other
16. **Are you Hispanic?**   ☐ Yes   ☐ No
17. **How old are you?**   ☐ Under 20 ☐ 20-39   ☐ 40-49   ☐ 50-59   ☐ 60-69   ☐ 70+
18. **You have completed this survey** ☐ by yourself ☐ with help from agency staff ☐ with other help

Thank You!

4. HOPWA Case Management File Review Summary Report

Project sponsors are required to conduct monthly case management file reviews, and submit a written report of the results to their DOH contract manager on or before the 20th of the month following the month reviews were conducted. The review will include a minimum of 5% of the HOPWA case management files. The summary format can be developed at the local level; however, *Exhibit B* provides the minimum requirements to be included in the file review. It is advisable that contract managers maintain a final copy on file for monitoring by state and/or federal agencies.

5. HOPWA Annual Progress Report

This report is a U.S. Department of Housing and Urban Development (HUD) requirement. Information collected and reported in the HOPWA Annual Progress Report (APR) should represent the activities that were carried out with HOPWA funds during the reporting year. It captures information on all persons who received housing assistance, including the number of adults and children with HIV/AIDS and their families (i.e., the client and other persons in the household). Project sponsors are encouraged to develop a tracking tool in which to collect this data and submit it in the approved format.

For the reporting year of July 1, 2015 – June 30, 2016, project sponsors are required to submit a paper copy of the APR as they have done in the past (currently electronic submission is not available). The two hyperlinks listed are HUD's approved format with an expiration date of October 31, 2017 (all other versions are obsolete).

HOPWA Annual Progress Report (APR): **Annotated** *Form HUD-40110-C (DOCX)*

HOPWA Annual Progress Report (APR): *Form HUD-40110-C (DOCX)*

The APR is due to the Florida DOH, Division of Disease Control and Health Protection, HIV/AIDS Section, Patient Care Reporting Program, within forty-five (45) days following the end of each contract year. The Consolidated Annual Progress Report (CAPER) for HOPWA is submitted by DOH to HUD no later than ninety (90) days after the end of the state fiscal year.

STATE HOPWA PROGRAM
CASE MANAGEMENT FILE REVIEW WORKSHEET

		Y	N	N/A	COMMENTS
1	Client ID #				
2	Checklist				
3	Notice Of Eligibility				
4	Signed Non-Registered Sex Offender Statement				
5	Signed Participation Agreement				
6	Completed Application Form for Housing Assistance				
7	Verification of 80% Median Income				
8	Verification of No Income				
9	Client Needs Assessment for Assistance				
10	Signed Participant Rights and Responsibilities				
11	Signed Consent to Release Information				
12	Client Budget Worksheet				
13	Signed Housing Plan of Care, which includes: • Goals and target dates • Progress and dates • Accomplished goals and completion dates				
14	Housing Plan of Care updated monthly to reflect progress				
15	Worksheet for Calculating the Maximum Subsidy for Resident Rent/Mortgage Payment				
16	Completed Landlord Agreement (rent only)				
17	Mortgage statement/Coupon				
18	Utility statement				
19	Short-Term Rent/Mortgage does not exceed 21 weeks in a 52 week period				
20	Short-Term Utility assistance does not exceed 21 weeks in a 52 week period				
21	Completed Security Deposit Agreement (PHP)				
22	Completed Client Agreement for Return of Security Deposit (PHP)				
23	PHP does not exceed 2 months of rent costs, including security deposits and fees for credit checks				
24	Transitional Housing does not exceed 60 days in 6 months				
25	File includes Client Housing and Support Service Payment Assistance Worksheet				
26	Signed Memorandum of Understanding for Confidentiality of Client Information (Case Manager signs)				
27	Comprehensive case notes are sufficient to document each encounter with client, and mirror the Plan of Care				
28	File is maintained in an organized and orderly fashion				

Service(s) Provided

STRMU – Rent	STRMU – Mortgage	STRMU – Utility	Support Service – Permanent Housing Placement (PHP)	Support Service – Transitional Housing	Tenant-Based Rental Assistance (TBRA)	Other

Instructions for the
HOPWA Monthly Expenditure and Reimbursement Report

The Monthly Expenditure and Reimbursement Report must be submitted through AIMS. It reports the monthly service expenditures and program provision information for clients receiving services provided through the HOPWA program. The reports must be submitted through AIMS on or before the 20th of the month following the month being reported. The AIMS format is the only format that may be submitted to contract managers for approval, and the only format that may be submitted to the DOH Disbursements Section for payment. For example, the report for services provided during the period of July 1, 2015 to July 31, 2015 is due on or before August 20, 2015.

An example of an AIMS generated report is provided for information only (*Exhibit C*). AIMS produced invoices are to be used as the monthly invoice submitted through My Florida Market Place (MFMP) for reimbursement. AIMS produced invoices **MUST** contain the advance/reductions information called for in Section C of the invoice if applicable.

Project sponsors that receive notification that a request for reimbursement has been paid for any amount other than that was originally requested on the AIMS invoice **MUST** immediately notify their contract manager. AIMS users, as appointed by their employers, are responsible for working with the Reporting Program to bring the AIMS and MFMP records into agreement.

Please Note: County health departments serving as HOPWA project sponsors do not have to submit invoices for payment to MFMP.

Provider Agency Name & Address

Tallahassee Network
State HOPWA Program Guidelines

44 S. Bradley Street

Department of Health

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS

Monthly Expenditure & Reimbursement Report

Month: July 2008

Contract #: COTN5 0809

ORG:

OCA: EO:

A. ADMINISTRATION	Original Amount	Amended Amount			Expenditures this Report	Expenditures Year-To-Date	Contract Balance
1. Salaries	12,334.00	12,334.00	0.00	0	1,027.83	1,027.83	11,306.17
2. Fringe Benefits	1,666.00	1,666.00	0.00	0	138.83	138.83	1,527.17
3. Travel	0.00	0.00	0.00	0	0.00	0.00	0.00
4. Office Expense	0.00	0.00	0.00	0	0.00	0.00	0.00
5. Equipment	0.00	0.00	0.00	0	0.00	0.00	0.00
6. Other (Specify)	0.00	0.00	0.00	0	0.00	0.00	0.00
Subtotal Administration	**14,000.00**	**14,000.00**	**0.00**	**0**	**1,166.66**	**1,166.66**	**12,833.34**
B. DIRECT CARE	Original Amount	Amended Amount	Units of	# of Clients	Expenditures this Report	Expenditures Year-To-Date	Contract Balance
1. Housing Case Management	37,200.00	37,200.00	0.80	26	3,100.00	3,100.00	34,100.00
2. Permanent Housing Placement	9,500.00	9,500.00	0.00	0	0.00	0.00	9,500.00
3. Other (Specify)	0.00	0.00	0.00	0	0.00	0.00	0.00
Subtotal Support Services	**46,700.00**	**46,700.00**	**0.80**	**26**	**3,100.00**	**3,100.00**	**43,600.00**
4. Rent	60,000.00	60,000.00	7.00	4	614.00	614.00	59,386.00
5. Mortgage	15,000.00	15,000.00	3.00	3	1,039.00	1,039.00	13,961.00
6. Utilities	50,000.00	50,000.00	11.00	10	996.24	996.24	49,003.76
Subtotal STRMU	**125,000.00**	**125,000.00**	**21.00**	**17**	**2,649.24**	**2,649.24**	**122,350.76**
7. Resource Identification	9,300.00	9,300.00	0.00	0	775.00	775.00	8,525.00
8. Transitional Housing	5,000.00	5,000.00	0.00	0	0.00	0.00	5,000.00
Subtotal Direct Care	**186,000.00**	**186,000.00**	**21.80**	**43**	**6,524.24**	**6,524.24**	**179,475.76**
TOTAL SECTIONS A, B	**200,000.00**	**200,000.00**	**21.80**	**43**	**7,690.90**	**7,690.90**	**192,309.10**

Provider Agency Name & Address

Tallahassee Network
State HOPWA Program Guidelines

44 S. Bradley Street

Department of Health

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS

Monthly Expenditure & Reimbursement Report

Month: July 2008   ORG:

Contract #: COTN5 0809   OCA: EO:

C. ADVANCE(S) INFORMATION

Total Advances	0.00	Total Contract Amount	200,000.00
Previous Reductions	0.00	Minus Expenditures Y-T-D	7,690.90
Current Reductions	0.00	Minus UNPAID Advances	0.00
		Balance to Draw	192,309.10
Remaining Advances	0.00		

Total Expenditures this period: 7,690.90   Type of Request: Regular

Less Advance Payback this period: 0.00

AMOUNT OF FUNDS REQUESTED THIS REPORT: **7,690.90**

I certify that the above report is a true, accurate, and correct reflection of the activities this period; and that the expenditures reported

are made only for items which are allowable and directly related to the purpose of this referenced contract.

_____   _____

Signature & Title of Provider Agency Official   **Date**

_____   _____

Contract Manager Signature   **Date**

_____   _____

Contract Manager's Supervisor Signature   **Date**

HOPWA 2015-2016

Instructions for the
HOPWA Monthly Demographic Report (FTTY)

HOPWA project sponsors must submit the Monthly Demographic Report through AIMS on or before the 20th of the month following the month being reported. This report captures demographic information to meet federal reporting requirements; therefore, it is extremely important that the report be accurate and timely. An example of AIMS output of the HOPWA Monthly Demographic Report is provided for information only *(Exhibit D)*.

Demographic Categories

Enter the total number of <u>unduplicated clients</u> served in the month being reported by gender and HIV status for *Total, Ethnicity,* and *Race*.

Bear in mind that HIV (-) or affected persons are eligible for an extremely few number of services in special situations, so the vast majority of persons served should be HIV (+). HIV (-) affected persons who receive services must have a documented tie to a specific HIV (+) client currently receiving services. Clients self disclose their gender.

HIV/AIDS Status

1. AIDS means the client has advanced to and been diagnosed with CDC defined AIDS.*

2. HIV (+), not AIDS, means the client has tested positive for and been diagnosed with HIV, but has not advanced to AIDS.

3. HIV (-) means a client who is not HIV (+). Refer to policy on provision of services to persons who are not HIV (+).

*1993 Revised Classification System for HIV Infection, and Expanded Surveillance Case Definition for AIDS Among Adolescents and Adults [MMWR: December 18, 1992/41(RR-17)].**

Total

Unduplicated Clients   "FTTY" (First Time This Year)

A client is **ONLY** counted the first time they present for services in a contract year. That client is not counted again for any additional visits in a contract year.

For example, 60 clients present for HOPWA services in the month of July. All 60 will be counted as *unduplicated* clients in the July demographic report. In August, 70 clients present for HOPWA services in which 60 of those clients are the same clients from July; therefore, they will not be counted again during the contract year. The 10 remaining clients have not been seen before during the contract year, so the August demographic report will show 10

unduplicated clients. The count will reset at the start of the next contract year; as a result, all 70 clients from August would be considered FTTY clients the first time they present for services in the following contract period.

WICY

The WICY report is not relevant to HOPWA; therefore, HOPWA AIMS users should ignore this section.

Ethnicity

1. *Hispanic*, or Latino(a), is a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

2. *Non-Hispanic* is a self-populating field, and does not require data entry.

Race

1. *White* (non-Hispanic) is a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

2. *Black*, or African American (non-Hispanic) is a person having origins in any of the black racial groups of Africa.

3. *Asian* is a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

4. *Other* is a self-populating field, and does not require data entry.

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS
Demographic Report

All Regions
July 2008

Report generated on 02/25/2008

DESCRIPTION	MALE			FEMALE			TOTAL
	AIDS	HIV+ not AIDS	HIV-	AIDS	HIV+ not AIDS	HIV-	
TOTAL							
Unduplicated clients	20	5	0	35	48	0	108
WICY							
WICY reportable	0	0	0	0	0	0	0
ETHNICITY							
Hispanic	15	3	0	22	18	0	58
Non-Hispanic	5	2	0	13	30	0	50
RACE							
White	7	0	0	12	22	0	41
Black	8	0	0	20	9	0	37
Asian	1	3	0	2	10	0	16
Other	4	2	0	1	7	0	14